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(Re	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B:	usiness Entity Nam	ne)
(D	ocument Number)	
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C. GOLDEN MAR 2 3 2019

COVER LETTER

Division of Corporations			
CUDIECT.	Chelsea Gwen Adan	ns LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chelsea Adams		
	Chelsea Gwen Adams LLC	Name of Person	
		Firm/Company	
	P O Box 23		
	Inverness, FL 34451	Address	
	cadamsc21@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please co	ali:	
Chelsea Adams		352 201-8715	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAR 13 AM 8: 26

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	Secretary SEE FL
The Articles of Organization for this Limited Liability Company Florida document number	were filed on2/26/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O Box 23 Inverness, FL 34451	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Chelsea Gwen Adams LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Chelsea Gwen Adams	P O Box 23 Inverness, FL 34451	■ Add
	•		☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			
			Remove
			Change
			Add
			☐ Remove
			☐ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	f amending any other inform	ation, enter change(s) here:	; (Anach adamonai sh	eers, ty necessary.)	
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	March 10	2019			
	(Julie Crobs			
Chelsea Gwen Adams		Signature of a member or author	rized representative of a me	mber	_
	Chelsea Gwen Ada	ms			

Page 3 of 3

Filing Fee: \$25.00